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Quality of Life Following Percutaneous Transluminal Angioplasty for Claudication

Sir,

The recent paper by Cook *et al.*[1] showed that patients undergoing percutaneous transluminal angioplasty (PTA) have lower baseline quality of life (QOL) scores compared to a normal population and that revascularisation improved QOL and walking distance score. We would like to make several points regarding this study. The authors have presumably used published figures for baseline EuroQOL scores in a normal population rather than comparing the 29 patients to an age and sex-matched control group, which would be more relevant Lower baseline QOL in claudicants compared to controls has recently been reported using the Nottingham Health Profile questionnaire.[2]

The EuroQOL questionnaire was completed on the ward prior to PTA and it is likely that the stress of admission to hospital would adversely affect the response to QOL parameters. It is possible that patients may also underestimate their subjective walking distance score in order to ensure that the procedure is not cancelled due to spontaneous improvement in symptoms. Perhaps an objective treadmill assessment before and after PTA would more accurately reflect the correlation between improved walking distance and QOL? The authors have failed to include the two patients with failed PTA in their analysis, although we accept that surgery itself may improve QOL. A long-term assessment of the effect of PTA on QOL is needed as restenosis after the 6 week follow-up may significantly reduce the improvement compared to baseline levels, and may possibly lead to a deterioration.

The authors conclude that the low cost and improvement in QOL support the continued use of PTA in claudication. As only 26–40% of claudicants have lesions amenable to angioplasty,[3,4] the overall benefit on QOL in the patient group as a whole is decreased. In contrast, supervised exercise training programmes are applicable to all claudicants and are known to increase walking distance.[5] The beneficial effect of supervised exercise on QOL has not been reported. Some degree of exercise supervision is essential to provide encouragement and ensure compliance as unsupervised exercise has been reported to effect a minimal improvement in quality of life.[6]

P. V. Tisi and C. P. Shearman
Southampton, U.K.

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Cranial Nerve Injuries and Carotid Endarterectomy

Sir,

Cranial nerve injuries following operations on the carotid bifurcation is an easily identifiable problem for patients but not for surgeons, at least not for all of them. In most reported series of carotid surgery, cranial nerve injuries (CNI) are infrequently mentioned, and some authors have expressed the opinion that such injuries, should be reported only if they are permanent.

In the November issue of the Journal,[1] D. Bergqvist and his co-workers reported the results of a very thorough prospective study, using the resources of the department of speech therapy on 689 carotid endarterectomies. As was expected, the incidence of cranial